

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012619

STATE FILE NUMBER

75

FILED APR 23 1959

Registration District No.

59

Primary Registration District No.

4097

Registrar's No.

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville		c. CITY OR TOWN Belton 0190	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS 5 1/2 miles s.w. Belton	
3. NAME OF DECEASED (Type or print) First Clara E. Middle Anderson Last Anderson		4. DATE OF DEATH Month 4 Day 12 Year 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 26, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) North English, Iowa	
13a. FATHER'S NAME Isaac Snyder		14. NAME OF HUSBAND OR WIFE Oscar T. Anderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 483-24-3958	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS - DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE DUE TO (c) UNKNOWN		INTERVAL BETWEEN ONSET AND DEATH 48 HRS	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200	
20c. TIME OF INJURY Hour 4 Month, Day, Year 12/14/1959 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harrisonville Mo		20f. CITY, TOWN, OR LOCATION Harrisonville Mo	
21. I attended the deceased from 10 April 1959 to 12 April 1959 and last saw her alive on 12 April 1959 Death occurred at 4 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) O. J. Hargis MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/14/1959	
23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		23d. LOCATION (City, town, or county) (State) Harrisonville, Missouri	
24. FUNERAL DIRECTOR E. K. George & Sons		25. DATE RECD. BY LOCAL REG. 4-15-59	
26. REGISTRAR'S SIGNATURE Mrs. Ray Seabee			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958
P. O. Address Beltway, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.